

State of Maine
Board of Licensure of Water Treatment Plant Operators
#11 State House Station, 161 Capital Street, Augusta, ME 04333

**REQUEST FOR TRAINING CONTACT HOURS (TCH)
INDIVIDUAL TRAINING COURSE
APPLICATION FORM**

Use this application form when you want to register an individual training course with the Board for TCH approval

Information:

Name/Association _____

Address _____

Name of Person Requesting TCHs _____

Day Phone # _____ FAX _____ E-MAIL _____

Course Title _____

Course Location _____

Dates of Course _____

How will this course meet the needs of Licensed Water Treatment Plant Operator? What will (s)he learn?

Instructor's Name: _____

Address: _____

Qualifications (or attach resume):

Continued on next page

This box for Board use.

Date Received	Evaluated By	Date Evaluated	Board Approval	Number of TCHs	Board File Number

Proctor's/Host's Name: _____

Affiliation, Address, Phone: _____

Be sure to enclose with this application:

0 The **course outline or agenda** showing each topic covered and the time allotted for each topic.

0 A **copy of the instruction material** showing what skills and knowledge the student will be able to demonstrate after completion of the course. And enclose a copy of all handouts or course materials. Enclose a **list of all audiovisual material** used in the course (videos, slides, tapes, films, overheads, etc.).

0 A **copy of the Certificate or Letter of Completion**.

0 A **copy of the attendance roster** that will be used.
(Showing the name of the course, renewal credits issued, course id number, date and time the course was held, location of course, instructor's name, attendees names, morning and afternoon sign in and each day sign in, operator certificate number if applicable, proctor affidavit)

0 A **copy of the course's evaluation form**. (If Applicable)

0 A **copy of the course's requirements of satisfactory completion** (performance and attendance) of the course.

Number of Training Contact Hours requested.